

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

**IN THE MATER OF THE GUARDIANSHIP OF _____,
AN ALLEGED INCAPACITATED INDIVIDUAL**

PETITION FOR APPOINTMENT OF AN EMERGENCY GUARDIAN

Case No. _____

Name of alleged incapacitated individual:

Age:

Address:

Name of Petitioner:

Address:

Corporate or agency status:

Relationship to alleged incapacitated individual:

The Petitioner(s) states to the court as follows:

1. The information listed above pertaining to the alleged incapacitated individual is accurate.
2. The appointment of an emergency guardian is necessary because substantial harm will likely occur to the alleged incapacitated individual's health, safety, or welfare and no other person appears to have authority or willingness to act in the circumstances.

The nature of the substantial harm is:

3. The following person currently has care or custody of the alleged incapacitated individual:
4. Name of attorney for alleged incapacitated individual:
5. Name of proposed emergency guardian/co-guardians:
6. Occupation of proposed emergency guardian/co-guardians:
7. Qualifications of proposed emergency guardian/co-guardians:

8. The Petitioner(s) request(s) that the emergency guardian/co-guardians shall have the degree of authority indicated to make decisions for the ward in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and/or training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment

9. The alleged incapacitated individual

is able to appear at the hearing at the courthouse.
 is not able to appear at the hearing at the courthouse because:

10. For the benefit of the alleged incapacitated individual, the hearing should should not be held at a place other than the courthouse. If at a place other than the courthouse, explain and propose alternative location for hearing.
11. The cost of this proceeding should be paid by the estate of the alleged incapacitated individual to the extent funds are available then by petitioners.

12. The Petitioner requests the following:

The Court appoint the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual with limitations as set forth above, for a period of time not to exceed 90 days;

A hearing be held on this Petition, and the Court appoint the above-indicated person(s) as emergency guardian/co-guardians for the alleged incapacitated individual with limitations as set forth above;

The Court appoint a physician or clinical psychologist to examine the alleged incapacitated individual, and a visitor to interview the alleged incapacitated individual and proposed emergency guardian/co-guardians;

A guardian ad litem be appointed to advocate for the best interests of the alleged incapacitated individual; and

The cost of this guardianship proceeding be paid for as indicated.

Dated this ____ day of _____, 20__.

, Petitioner

STATE OF NORTH DAKOTA)
) ss.
COUNTY OF _____)

, being duly sworn, states as follows:

That he/she is the petitioner in the foregoing document; that he/she has read the Petition and the facts stated are true to the best of his/her knowledge.

,Petitioner

Subscribed and sworn to before me, this ____ day of _____, 20__.

Notary Public
State of North Dakota
My Commission Expires:

Dated this ____ day of _____, 20__.

Attorney for Petitioners
Bar ID # ND